

Medical Direction Committee Minutes
The Place
April 13, 2006
10:30 AM

Members Present:	Members Absent:	Staff:	Others:
Kimberly Mitchell, M.D.	Norman Rexrode, M.D.	Warren Short	Bill Akers
Sabina Braithwaite, M.D.	Cheryl Haas, M.D.	Chad Blosser	Donna Burns
George Lindbeck, M.D.	Kenneth Palys, M.D.	Tom Nevetral	Joanne Lapetina, M.D.
Stewart Martin, M.D.	Peter Bruzzo, M.D. (excused)	Greg Neiman	Keltcie Delamar
Bethany Cummings, D.O.	David Lander, M.D.	Gary Brown	Jon Donnelly
Scott Weir, M.D.	John Potter, M.D.	Scott Winston	Lorna Ramsey
Carol Gilbert, M.D.	Drew Garvie, M.D.		Heidi Hooker
Asher Brand, M.D.	Theresa Guins, M.D.		Dan Barry
Mark Franke, MD.	Cheryl Lawson, M.D.		Matt Dix
	Barry Knapp, M.D.		
	Janet Henderson, M.D.		
	Dave Garth, M.D.		
	Ace Ernst, M.D.		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:40 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves. The chair thanked the public for attending.	
3. APPROVAL OF MINUTES	The minutes from the January 12, 2006 meeting were approved.	Minutes Approved
4. NEW BUSINESS		
a. Scope of Practice Impact Committee Discussion	The Scope of Practice Impact Committee Chairperson Carol Gilbert, M.D. advised the committee that they would conduct a meeting prior to the next Medical Direction Committee meeting.	
b. State Medical Director's Role Discussion	<p>Carol Gilbert, M.D. opened the discussion by advising the committee that the role of the State Medical Director (SMD) has changed since she first assumed the position quite a few years ago. It was suggested by the committee that the following roles/responsibilities be considered during the updating of the State Medical Director (SMD) job description:</p> <ol style="list-style-type: none"> 1. SMD should meet with the Medical Direction Committee at the beginning and at the end of the year to identify and prioritize projects for the year. Projects to be delegated to other Operational Medical Directors across the state with the SMD providing project oversight. 2. Specific Deliverables <ul style="list-style-type: none"> • Meet with each of the regional EMS councils over a three year period. • Liaison with specific national medical organizations (NAEMSP, Mid-Atlantic EMS Council, State OMD Training Seminars, etc.) 	

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	<ul style="list-style-type: none"> Serves as needed as the regional OMD for a short period of 30 - 60 days when necessary. Formulate a written plan for the projects. <p>Discussion continued around the need to change the current coverage for liability of the SMD so that it is not part of her current OMD liability coverage.</p> <p>Kim Mitchell, M.D. asked Carol Gilbert, M.D. to identify some of her current tasks and duties:</p> <ul style="list-style-type: none"> Involved in one EMSAT taping per year. Attends EMS Advisory Board meetings. Attends Medical Direction Committee meetings. Works with special committees who require guidance (trauma committee). Regulation & Review Committee Advises on the clinical review of an event. Resolves OMD with physicians who have issues. Legislative Liaison as required. <p>Question: What do other states do? 4 have full time SMD 5 have regular part-time 17 have contractual positions</p> <p>Question: Does the SMD need to have an active clinical practice? It was determined that active clinical experience should <u>not</u> be required for the SMD, however the SMD should have some EMS experience; responsibilities are different from an OMD position.</p> <p>An organizational chart needs to be devised to outline the clear authority in specified areas for the SMD. Presently the SMD is only a “voice” at meetings with no vote or authority on issues.</p> <p>Further discussion informed the committee that the present <u>monthly</u> stipend works well now for payment and it was recommended that a three year contract with a three year contract renewal possibility that would equal six years would be beneficial.</p> <p>The Medical Direction Committee thanked Carol Gilbert, M.D. for her many years service as State Medical Director.</p>	
c. Pandemic Influenza Focus	Mark Franke, M.D. advised that there is not a vaccine for the Flu. He has asked that Captain George Brown address the MDC at their next meeting to discuss the overview that was given to the Northern	

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	<p>Virginia Fire Chiefs about the Pandemic Influenza issue. The following web site may be helpful in reference to the Pandemic Influenza issue. www.pandemicflu.gov/</p> <p>The Pandemic Influenza sub-committee will consist of: Scott Weir, M.D, Bethany Cummings, D.O., William Hauda, M.D. and Carol Gilbert, M.D.</p> <p>Bethany Cummings, D.O. will send the Pandemic Influenza survey to Kim Mitchell, M.D. to distribute to the Medical Direction Committee.</p>	<p>Motion by Sabina Braithwaite, M.D. to appoint a sub-committee to develop the scope and parameters on Pandemic Influenza issues for EMS and government entities. Seconded by Mark Franke, M.D....motion passed.</p>
5. OLD BUSINESS		
a. Statewide WMD Nerve Agent Protocol	<p>Scott Weir, M.D. asked for clarification on the <i>Statewide WMD Nerve Agent Protocol</i>. Is it an operational guideline or a required protocol? It was explained that it was intended to be an operational guideline and the document will be modified to change the word “protocol” to “guideline.”</p>	
b. AHA/VDH Stroke Systems	<p>An update was given on the progress of the AHA/VDH Stroke Systems plan. Keltcie Delamar advised the committee that the Stroke Systems Legislative Group will meet on April 27th to discuss possible legislation for the general assembly in 2007.</p>	<p>Motion by Sabina Braithwaite to recommend that the PPCR committee add as a mandatory data collection point the “Cincinnati Stroke Scale” and the “time of onset”. Seconded by Bethany Cummings, D.O...Motion passed.</p>
6. ALS TRAINING FUNDS UPDATE	<p>Chad Blosser gave a brief overview of the monies distributed to date (see April 11, 2006 report).</p>	
7. ACCREDITATION UPDATE	<p>Chad reported that there are four Intermediate sites who have submitted their self study which has been forwarded to a site team:</p> <ul style="list-style-type: none"> • Rappahannock Community College • Patrick Henry Community College • Southside Rescue Squad – South Hill • Norfolk Fire & Rescue <p>He also submitted a list of the academic institutions that had obtained Full State Accreditation.</p>	
8. VCCS CURRICULUM UPDATE	<p>Chad advised that there will be a meeting of the community colleges at the end of May for implementation of the new course offerings.</p>	

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9. REGULATORY PROCESS UPDATE	<p>Warren Short advised the committee that revamping of the DED section of regulations is ongoing. The Training Program Administration Manual (TPAM) must go through the process to become regulation to become enforceable. Everything in the TPAM has already been approved by the Governor's Advisory Board, the Medical Directions Committee and Professional Development Committee. Plans are to have the revised regulations to Mike Berg in May for review. They will then be presented to the Advisory Board at their meeting in August and hopefully enter the NOIRA process in November.</p> <p>The DED is pursuing the expansion of new technologies and hope to have Web-based CE available by the end of the year.</p>	
10. BLS FUNDING UPDATE	BLS Funding is on budget and to date has spent just under \$250,000.	
11. BLS ACCREDITATION UPDATE	<p>The Professional Development Committee's sub-committee on BLS Accreditation voted to dissolve the BLS Accreditation Committee. The Professional Development Committee strongly endorses the process of accreditation and support a review of the problems with the current process.</p> <p>The Professional Development Committee also recommended that the Intermediate curriculum be evaluated.</p>	
12. OFFICE STAFF UPDATE	<p>Warren Short informed the committee of staffing changes and updates</p> <ul style="list-style-type: none"> a. BLS Training Specialist: Greg Neiman joined the Office February 10, 2006 and has hit the ground running. b. Certification Test Coordinator: The position is still in the approval process. It will be advertised immediately after approval. c. Training Fund Assistant: The position is still in the approval process. It will be advertised immediately after approval. 	
13. NREMT COMPUTER BASED TESTING UPDATE	<p>Tom Nevetral updated the committee on the latest on the NREMT Computer Based Testing Initiative</p> <ul style="list-style-type: none"> a. Update of Harrisonburg Request: Pearson View will be adding two sites, Richlands and Harrisonburg, to the list of locations for NREMT Written Testing at the request of the Office. b. Seat Availability: Richlands may be a full Pearson View site as opposed to only EMS. Concerns: Demand will be the impetus for getting new sites added to the state. Concern was expressed that the need is higher in the Tidewater Area and the Community College is already a Pearson Vue Site. Would they be allowed to test NREMT through their site? Tom stated he would check into the question. 	
14. CURRICULUM REVIEW	<ul style="list-style-type: none"> a. ALS – Intermediate Curriculum Peer Review Committee will be meeting in May in conjunction with the National Scope of Practice Impact Committee. b. BLS – Use of Scenarios to replace 10 hours/2 Patient Contacts in Clinical/Field Time: Warren Short discussed a recent request received by the Office to utilize Scenarios in place of 	

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	<p>Clinical/Field component of the EMT Curriculum that requires 10 hours and 2 Patient Contacts. It was discussed that the use of scenarios came about as a result of the mining community, which required EMT-Basics on every shift but they did not have access to clinical or field agencies to complete the requirement. In addition, the mines did not transport, but packaged injured miners and moved them to an awaiting ambulance. In this request an organization would like to use scenarios for out-of-state EMT providers to get them through a Basic Program because receiving documentation from their home state can delay their ability to work. They would like to use this only for those specific providers who had previously been certified in another state and not new in-state providers. There was considerable discussion about the increasing difficulty of both ALS and BLS programs to place EMS Students in Clinical Areas and Field Agencies.</p>	
15. AHA CPR GUIDELINES	<p>a. BLS: Greg Neiman reported that the Office has issued a plan regarding implementation of the 2005 AHA Guidelines into testing in Virginia. As of July 1, 2006 new First Responder and EMT-Basic written exams will be rolled out which are AHA neutral which means to questions will be specific to either the 2000 or 2005 guidelines. The Virginia Enhanced, Intermediate and Paramedic Exams have been evaluated and no changes are necessary. The National Registry has also issued their rollout plan which is available from their website. As for Practical Testing, there is an issue with the LP-500 Trainers, as configured now, they will not do the 2005 guidelines. We are awaiting information from Medtronic/Physio Control on what the plan is for these devices but anecdotal information suggests they are not upgradeable and will all need to be replaced. We are currently working on a plan to implement changes to the BLS Station. Until July 1, 2006, EMT Instructors should teach their students the 2000 guidelines so they can answer written and perform practicals under those guidelines until the rollout of the new materials. There is a statement in the new guidelines that persons performing CPR with an actual AED should follow the prompts of the device until the manufacturers/owners can replace or upgrade all of the devices which have been deployed in the US. Instructors are encouraged to make this statement in their courses so their EMT's can perform with any device placed in their hands.</p> <p>b. ALS: Tom Nevetril discussed the plans of the National Registry regarding written and practical testing. After June 1, 2006 the NREMT will publish interim pencil-and-paper EMT-Basic and First Responder Exams. After September 1, 2006 the NREMT will publish interim Paramedic, EMT-Intermediate (85 and 99) Exams. The interim examinations will be constructed so that candidates will not be penalized for being trained over <i>either</i> 2000 or 2005 AHA Guidelines for CPR and Emergency Cardiovascular Care. After January 1, 2007 all NREMT cognitive and psychomotor exams will reflect 2005 American Heart Association Guidelines for Emergency Cardiovascular Care. During the transition period, practical exam skill sheets will continue to reflect 2000 guidelines; however instructions to examiners will be modified so that candidates correctly performing to 2005 guidelines are</p>	

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	not penalized.	
16. PUBLIC COMMENT	<p>Randy Abernathy representing VAGEMSA addressed the committee and explained why VAGEMSA felt they could not support the child abuse/neglect legislation. VAGEMSA felt that the EMS provider's failure to report child abuse/neglect could leave the EMS provider open for sanctions from the courts and until that was addressed VAGEMSA could not support the legislation as presented.</p> <p>Dan Barry asked a question of the Medical Direction Committee. When an Intermediate calls into the hospital who can give the orders for medications/treatment? The MDC advised that the physician had to authorize the order however the order could be relayed by an RN, PA, etc.</p> <p>Bethany Cummings, D.O. inquired if single dose epinephrine in a one cc syringe was found to be a better alternative to the Epi-Pens© at \$60.00 a piece? Are there alternatives to the costly Epi-Pens©?</p> <p>Jon Donnelly, Executive Director of ODEMSA advised that they had obtained a grant to disseminate Mark I Kits to rural EMS agencies in their planning districts at \$24.00 each.</p>	
17. GOOD OF THE ORDER	It was recommended that the MDC appoint someone to chair the newly formed Intermediate Accreditation Committee. Members present felt that other members of the committee should be offered the opportunity to chair this important committee and an e-mail should be generated to the entire committee requesting someone to volunteer to chair the Intermediate Accreditation Committee.	
18. ADJOURNMENT	NEXT MEETING July 13, 2006 10:30 A.M. (Location to be announced)	